

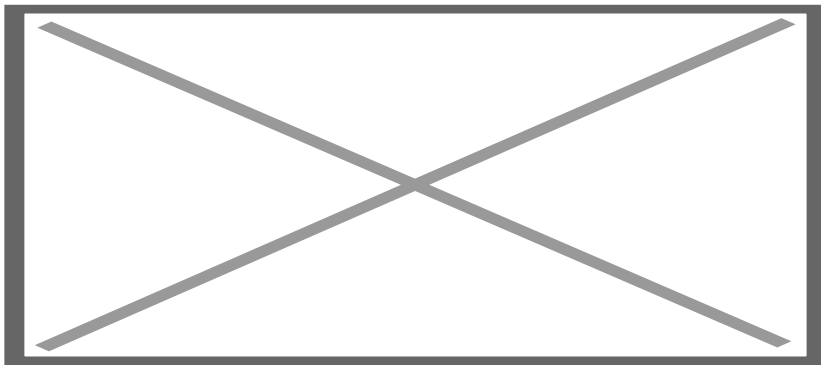
# Ensuring the Future of Health Care Coverage and Access for Children and Families

## Statement of Problem

Health insurance coverage, particularly for children, is facing a time of significant transition. Numerous forces are steering public and private coverage in new directions.

While employer-sponsored insurance (ESI) was the standard-bearer for high-quality coverage for some time, working families have seen significant changes to the affordability of private health insurance coverage for their children in the past decade. Even since the advances of the Affordable Care Act (ACA), the challenges for families with commercial health insurance have only become more apparent. Premiums and deductibles for private family health insurance have nearly doubled, far outpacing the growth in median household income. Even those with insurance are arguably underinsured, meaning their insurance fails to provide them with meaningful financial protection from the costs of health care. Now, the COVID-19 pandemic and resulting financial crisis have further illuminated the need for a system that provides all children and families with continuous, comprehensive coverage not tied to employment.

In recent years, families seeking affordable, comprehensive coverage options for their children have increasingly turned to public insurance programs like Medicaid and the Children's Health Insurance Program (CHIP), which offer low- or no-cost, comprehensive, child-specific plans. In fact, PolicyLab research published in *JAMA Pediatrics* in 2015 showed that children on state CHIP plans are more likely to have dental and preventive medical visits, and to have all of their medical needs met.



*The Children's Health Insurance Program (CHIP) and Medicaid provide more affordable and comprehensive health care coverage than private, employer-sponsored coverage.*

Thanks to Medicaid and CHIP, the U.S. was close to achieving universal health coverage for children—more than 95% in 2016—but unfortunately, this trajectory has been undermined in recent years.

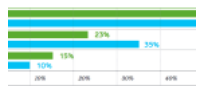
Between 2018-2019, 320,000 children lost health insurance coverage—the largest uptick in more than a decade. These numbers reflect insurance trends pre-pandemic, and we anticipate coverage losses will continue to rise as we more fully understand the loss of ESI during the ongoing economic crisis. At the same time,

enrollment in Medicaid and CHIP is on the rise, serving as an even greater safety net for families amid the pandemic. These programs, however, are under considerable strain with less funding available to meet a growing need. As states navigate an uncertain financial landscape, PolicyLab will continue to inform and advocate for policy changes that address the issue of underinsurance for those with commercial insurance and offer greater access to public insurance options for low- and middle-income families, including those who are undocumented.

## Description

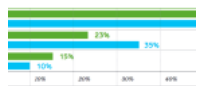
### Health Insurance Coverage of Children In Working Families

#### PERCENTAGE COVERAGE OF CHILDREN IN FAMILIES WITH INCOMES 100-400% OF FEDERAL POVERTY



Source: Medical Expenditure Panel Survey (Household Component) from covered by insurance from the individual market.

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Our research aims to understand how both public and private insurance meet the health care needs of children and families. In 2016, PolicyLab researchers examined the coverage rates for children from low- or moderate-income households in which at least one parent had ESI from 2008-2013. We found that low- and moderate-income families increasingly moved away from covering their children through ESI. In 2013, 15.2% of children in families with incomes of 100-400% of the federal poverty level (FPL) (or \$23,550-\$94,200 annually for a family of four) were not covered by their parents' ESI, but by public insurance offered through Medicaid or CHIP—an increase from 12.1% in 2008. This phenomenon of splitting insurance was greatest in families with incomes of 200-299% of FPL as, in 2013, roughly one in eight families in this income bracket insured their children through CHIP or Medicaid. Additionally, among families within this moderate-income bracket, we found an increase in uninsurance, likely due to more restrictive eligibility levels for CHIP and Medicaid in their states—early evidence of an erosion of the health coverage for children.

Following this study, we wanted to understand *where* parents worked and if that impacted their children's likelihood of being covered by Medicaid and CHIP. We conducted a national study, published in *Health Affairs* in 2019, of working families making more than 100% of the FPL, categorizing parents by whether they worked for small or large, private companies or were employed in the public sector. Our findings showed that low-income families, with parents working at all employer types, increasingly enrolled their children in public insurance between 2008-2016. This was particularly true among low-income parents working for small businesses—public insurance coverage for kids in these families jumped from 53% in 2008 to 79% in 2016.

However, our most surprising finding was that of the 8.6 million children in working families who are covered by public insurance, more than 70% have a parent who works at a large, private company. This indicates that even in sectors that have historically provided more robust health benefits to their employees, employer-sponsored dependent coverage is becoming prohibitively expensive for working families. Medicaid and CHIP, which for decades have provided a safety net for some of our nation's most vulnerable youth, is now serving as a key structural support to millions of middle-class working families.

## Next Steps

Our research illustrates a dramatic shift in the landscape of children's health insurance coverage, with families moving their children from employer-sponsored insurance to public programs. This change is happening at a faster pace than policymakers are able to keep up, leaving many unanswered questions about the future of affordable, high-quality coverage for children. While the emergency measures taken in response to the COVID-19 pandemic have been essential for shoring up coverage for children and families during this time of crisis, they have done little to overcome [fundamental issues of underinsurance faced by families](#).

Using PolicyLab's [menu of policy options](#) for state and federal leaders, our research and policy teams continue to work with key stakeholders to determine crucial policy levers for increasing access to health care coverage for children and families. In future research, we will seek to better understand how families make choices in response to federal and state policies that affect the cost and comprehensiveness of health insurance coverage. As underinsurance becomes increasingly common, our research will help shed light on the types of families affected by these changes.

Based on our research, we aim to preserve Medicaid and CHIP as comprehensive programs with eligibility requirements that reflect the families depending on them for affordable, high-quality care for their children. One tangible opportunity to support this goal is the permanent funding of CHIP, the benefits of which we outlined in a [2022 Health Affairs Forefront blog post](#).

*This project page was last updated in August 2022.*

## Suggested Citation

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## PolicyLab Leads

**Meredith Matone**  
**DrPH, MHS**

**Director**

Dr. Matone's research interests include maternal and young child health, as well as family well-being. She focuses on building community and public agency research partnerships to support improvements in policies and programs that serve mothers and infants in under-resourced communities. She is experienced in large-scale program evaluation, mixed-methods research designs, and use of administrative data for observational study designs in areas of child and caregiver health.

Dr. Matone is a senior fellow at the University of Pennsylvania's Leonard Davis Institute of Health Economics, a faculty affiliate at The Field Center, and a board member of the Pennsylvania Association for the Education of Youth Children. Dr. Matone received her Doctor of Public Health, specializing in child and adolescent health and development, from Johns Hopkins Bloomberg School of Public Health. She is an alumnus of the Doris Duke Fellowship for the Promotion of Child Well-being program and a former Stoneleigh Foundation fellow.



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## **Rebecka Rosenquist MSc**

### **Deputy Director of Policy & Strategy**

Ms. Rosenquist has extensive experience working in health policy, advocacy, and related work. Prior to joining CHOP, she was the director of state engagement for Shatterproof ATLAS, a quality measurement system for addiction treatment programs, where she led Shatterproof's partnerships with state agencies and stakeholders in ATLAS pilot states.

Prior to that, Ms. Rosenquist was the associate director for health policy at the Leonard Davis Institute of Health Economics at the University of Pennsylvania (Penn LDI). She has also worked for Action for Global Health, a cross-European coalition of non-profits funded by the Bill & Melinda Gates Foundation, and the Thomson Reuters Foundation, both in London, UK. She started her career in state and local politics, working for the political action committee EMILY's List.

Ms. Rosenquist is a graduate of the College Scholars Program at Cornell University and received her master's degree in global politics from the London School of Economics & Political Science. She lives in Narberth with her husband and two children.



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## **Doug Strane**

### **MPH**

#### **Research Scientist**

Doug Strane (he/him) is a research scientist at PolicyLab at Children’s Hospital of Philadelphia (CHOP). Mr. Strane is experienced in mixed methods program evaluation and analysis of administrative data for observational study designs related to child and family health. His research interests include the ways in which health systems can address social determinants of health; the changing health insurance landscape for families; and the intersection of parenting and substance use disorder. He also serves as the senior evaluation manager at CHOP’s Center for Health Equity.

Mr. Strane received his Master of Public Health in Epidemiology from University of Michigan School of Public Health. He is a former Centers for Disease Control and Prevention Public Health Associate Program fellow.



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## **Ahaviah Glaser**

### **JD**

#### **Senior Policy Advisor**

Ahaviah (“Havi”) Glaser is the senior policy advisor at PolicyLab and the associate vice president of government affairs and advocacy at Children’s Hospital of Philadelphia (CHOP). Ms. Glaser comes to CHOP with more than two decades of health law and policy experience. She is a seasoned public policy advisor, who recently served on Capitol Hill as Senator Rockefeller’s Senior Health Counsel as well as the Staff Director for the Senate Finance Committee’s Subcommittee on Health Care. Ms. Glaser is known for her expertise across public health insurance programs with a particular focus on the intersection of these programs, such as Medicaid and the Children’s Health Insurance Program (CHIP) or Medicaid and Medicare.

With a background in intellectual property and antitrust litigation, Ms. Glaser has been active on private market insurance reform as well as pharmaceutical pricing issues. On and off the Hill, Ms. Glaser has worked to identify concerns raised by health information technology, including challenges related to interoperability and privacy. She also worked closely with the Senate Commerce Committee to raise concerns regarding e-cigarettes and the ongoing challenge of finding a way to stop the marketing of tobacco to children. The very first health care issue Ms. Glaser worked on was health disparities, and the issue remains a central one in her work to this day.

As an attorney, Ms. Glaser has represented companies ranging from new startups to industry-defining giants in the pharmaceutical, biotechnology and high technology fields both in court and before federal agencies, most commonly Centers for Medicare and Medicaid Services (CMS), the Food and Drug Administration (FDA), National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). She has also navigated the legislative landscape, not only in her Congressional staff roles but also on behalf of nonprofit groups, big and small, from state-based health care advocacy groups to the nation's largest consumer groups, unions and non-profit insurers.

Ms. Glaser believes strongly that there are policy solutions for nearly every problem. It is simply a matter of taking the time to develop a full understanding of the problem at hand and then identifying appropriate opportunities to work with partners and across party lines in a thoughtful way. With this in mind, much of her policy experience, both on and off the Hill, has been in helping to assemble diverse coalitions to tackle nuanced health policy challenges.

Ms. Glaser has been a frequent public speaker, and she served for nearly a decade as an adjunct professor of health law at American University's Washington College of Law. She earned her J.D. from the University of Michigan Law School and her B.S., with honors, from the University of California at Berkeley. She is admitted to practice in Washington, DC, California, Massachusetts and numerous federal courts across the country.



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## Related Tools & Publications

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[Low-Income Working Families With Employer-Sponsored Insurance Turn to Public Insurance For Their Children Article](#)

Dec 2016

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[Keeping Kids Covered in the Changing Health Care Landscape](#)  
[Policy Briefs](#)

Dec 2016

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[Keeping Kids Covered: Maintenance of Effort](#)  
[Policy Briefs](#)

Dec 2016

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[Keeping Kids Covered: Public Insurance Options](#)  
[Policy Briefs](#)

Dec 2016

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[Social Media Toolkit - Keeping Kids Covered in the Changing Health Care Landscape](#)  
[Tools and Memos](#)

Dec 2016

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[Growth of Public Coverage Among Working Families in the Private Sector](#)  
[Article](#)

Jul 2019

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[Families With TRICARE Report Lower Health Care Quality and Access Compared to Other Insured and Uninsured Families](#)

[Article](#)

Aug 2019

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[APHA Roundtable Themes: Protecting & Advancing Children's Health Coverage](#)  
[Tools and Memos](#)

Nov 2019

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[Universal Health Coverage for Children: Current Barriers and New Paths Forward](#)  
[Evidence to Action Briefs](#)

Jan 2021

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[Pathways to Achieve Universal Health Coverage for Children](#)  
[Policy Briefs](#)

Apr 2020

- 

[Partner Toolkit - Universal Health Coverage for Children: Current Barriers and New Paths Forward](#)  
[Tools and Memos](#)

Apr 2020

- [Association of State Medicaid Expansion With Hospital Community Benefit Spending Article](#)  
May 2020